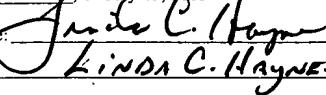
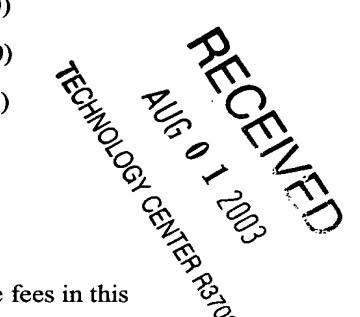


#8

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 742420-44											
CERTIFICATE OF MAILING OR TRANSMISSION <small>[37 CFR 1.8(a)]</small>	In re Application of Martin PECHTER et al.												
	Application Number 10/076,073 Filed 02/15/2002 For GOLF CLUB PUTTER AND METHOD OF PUTTING												
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on July 25, 2003 Signature:  Name: Linda C. Haynes	Group Art Unit 3711	Examiner Sebastiano Passaniti											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410)</td> <td>\$205.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970)</td> <td>\$ _____</td> </tr> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input checked="" type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u>. I have enclosed a duplicate copy of this sheet.</p>				<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410)	\$205.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970)	\$ _____
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ _____												
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410)	\$205.00												
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930)	\$ _____												
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450)	\$ _____												
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970)	\$ _____												
<p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>32,815</u>.</p>													
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>July 25, 2003</u> Date</p> <p> Signature</p> <p><u>Donald R. Studebaker</u> Typed or printed name</p>													
<p>07/30/2003 MEKONEN 00000097 10076073 01 FC:2252 205.00 0P</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>													

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